

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

SATURDAY, MAY 2, 1885.

Original.

NOTES ON THE GENESIS OF MALARIA.

A Study in Three Parts.

BY WILLARD HENRY MORSE, M. D.

PART II.

Ever since the time of Sir Thomas Watson it has been said that malaria is movable by the wind. A recent writer has undertaken to measure the distance that malaria will travel. Nature has, however, written exceptions to this rule. Although malaria may be carried by the air currents, yet we all know of localities where the noxious air prevails, and only a short distance to the leeward there is no malaria. Of course this does not go to prove that the germs—if there are germs—are not conveyable, but it shows that an excepted rule is not a perfect rule. Two houses may stand side by side, and while malarial fever has its victims in the one house, in the other no trace of the disease appears. It is reasonable to believe that both houses were filled with malarial air, which was breathed by the inmates of both. Are we to say that there are persons with an idiosyncrasy, who can breathe the poisoned air and still retain health? So has it been written, and the explanation has been by analogy. Says a recent disciple, "One person may fire his blood with alcohol and die, while another may do it with impunity. So with malaria. If a person's system eliminates the poison disease does not ensue." This has a harmonious sound, but it would have been better if such words had never been written. With all due respect to idiosyncrasy, the idea of idiosyncrasy in insusceptibility is of the nature of fallacy. The idea is opposed to the rest of the doctrine. If malarial germs enter the blood of one man and pro-

duce fever, why does not the same result obtain when the blood of another man is alike affected? There may be an answer, but it is not written.

A writer in one of the recent encyclopedias has published the fact that, the clearing off of woods almost invariably causes malaria to appear. I find that many physicians believe this; but is it the truth? In some localities malaria may have appeared simultaneously with the destruction of a forest; but how often are forests cut down and there is no manifestation of malaria! Is there proof that the cutting of the woods causes the disease to appear? Why not have proof before a rule is written?

In England it is commonly said that "a certain elevation of temperature, moisture on or near the surface of the ground, and the presence of decaying vegetation, combine to cause the production of malarial germs." I have already alluded to the mistaken idea that a temperature of 60° F. is essential to this production. Equally as absurd is the theory that vegetable decomposition has to do with the breeding of the hypothetical germs. On this point, Flint—a man not inclined to be skeptical—says: "But that something more than ordinary vegetable decomposition is requisite for its (malaria's) production is sufficiently proved by the disease being indigenous in certain localities, whereas, in certain districts and countries in which vegetable decomposition must take place abundantly, the disease never occurs. If produced in connection with vegetable decomposition it depends on incidental circumstances peculiar to certain localities." In regard to the influence of moisture, doubts have also arisen. Instead of being a constant accompaniment of the malaria, moisture would seem to be only incidental, and not by any means essential to the foul evolution. With fearful virulence malarial

fevers rage not only in the upper provinces of India, all summer long parched by drought, but as fiercely on the arid Oösterhout plains of Holland, on the burning silt sands of Walcheren, in the heath districts of New Mexico, and in the rainless Alentejo land of Portugal. On the Agueda River of Spain, when the land on either side has become as dry as the pavement of a city street, there arise fevers of such malign type as can not be matched except by those common to the inhabitants on the borders of the Guadiana, who are not free from them until the return of the periodical rains. On the other hand, some districts that are invariably moist are not malarious. The peat-bogs of Ireland are completely free from malarial fevers. The Dismal Swamp of Virginia, a moist tract of 150,000 acres, is perfectly healthy so far as malaria goes, intermittents being never known among the inhabitants in the adjacent country. Yet, in contrast, it may be said that in North Carolina, fifty miles from this swamp, the malarious influence is most potent.

In connection with the case of the Dismal Swamp, others not unlike it may be cited to aid in the overthrow of the theory that intermittent fevers are, in a manner, endemic on the borders of every marsh. I have in mind, as I write, a marshy swamp, so marshy that the air on its borders is oppressive in the summer, and the adjacent districts are each morning bathed in its fogs — yet malaria is a stranger to that vicinity. This I know from personal experience, having long lived within gun-shot of the swamp, and never having seen a case of malarial fever near it. On the other hand, I sojourned a few years ago in the region of many swamps in Southern New Jersey, where the natural features were very like those of the swamp of which I have just spoken, and there saw some of the worst cases of remittent fever that I have ever treated. The Pontine marshes in Italy have for centuries possessed the infamous celebrity of being deadly malarious, yet there are other marshes in Austria that resemble these very much, and still are as free of malaria as the most salubrious districts of that State.

Time also demands credit. If a locality was healthy fifty years ago, and is now malarious, where is the fault? According to the hypothesis, if a place is healthy it will always remain so, provided the natural features of the district remain unchanged;

and if a place is malarious it will always be malarious if left in the hands of nature. Yet nothing is more utterly fallacious. In the primitive woods of the Great Everglade of Florida less than a century ago the wild beast hid in his lair, and the huntsman dared not venture there because of the deadly character of the fevers that assailed those who were gifted with such rashness. Now, in the same locality, the farmer tills the land and fells the wood. Formerly the rice-fields of the Carolinas were known as beds of malaria, and strangers dreaded their influence as they do that of the Indian jungle. A recent authority states that there is now very little malaria there, yet the plowing of the fields, and other processes of cultivation are almost precisely the same as they were more than a century ago, when the first seeds of rice were there sown.

But the other aspect of the question deserves to be looked at. It is only recently that malaria has appeared, or reappeared, in the valley of the Connecticut, and all through the valley it has rapidly spread. A century and a half ago, when that district was early settled, it produced malaria so abundantly that its malignant influence was dreaded. For more than two generations it is doubtful if a single case of fever and ague was known in the valley, but within five years hundreds of cases have appeared there. Why is it that after an interregnum of so many years the disease should reappear? The most eminent of the Massachusetts physicians have studied this problem, and it remains unanswered. If the germ theory of disease applies to malaria these things should not be, but nature does not shape her ends to fit every hypothesis that men may invent. Nor does the Connecticut Valley stand alone in the breaking of the creed, for as if with one human accord all through our Eastern States malaria has within five years appeared for the first time in one hundred years.

*Frustra per autumnos nocentem,
Corporibus metuemus austrum.*—HORACE.

Malaria is truly no respecter of seasons, yet, as Horace aptly says, it is in the autumn that it does its most malarious work. It is also a respecter of hours, and is much more dangerous by night than by day. So important are these two points that theorists love to dwell on them. It is said that the fact that malaria is more potent in the autumn and at night is proof sufficient that the

aërial poisons are germs. Although upon the idea quite a burden of circumstantial evidence rests, the proofs of the germ theory in its application to malaria at this instance are without appreciable weight.

What are we to understand by a malarial germ? And the answer is that it is aéri-form, and involved in the atmosphere as a foreign matter. But to the senses it is totally imperceptible, and all that we know of it, aside from raw theory, lies in the sum of its effects. To every eye it is invisible. The most powerful of microscopes has held the water of marshes again and again, but the pestilential agent has never been discovered in the water. Carefully, and not once or twice alone, the air of malarious localities has been analyzed, but not one malarial germ has been found in the air. The most experienced chemists of experienced Germany have tested air and water, soil and vegetation, for some trace of the noxious material, and the most delicate chemical agents have not spoken the mystery. But there have not been wanting *savants* who in fine desperation have claimed the discovery of the long-sought germ, and have been discontented to have their pretences proven false. They have labored assiduously enough to have their claims proof against the most rightful prejudice, but their labors have been in vain. Only a very few years ago a self-satisfied student thought that he had trapped a malarial germ in the Pontine marshes, but the organism was too much of a will-o'-the-wisp to be examined. Seven years ago MM. Ferrigi and Lanzi searched the length of the Roman Campagna.

Malaria occurs, for example, in the Cordilleras, with no marshes anywhere within many miles. If the German scientists will undertake to tell us how the bacillus manages to exist in such a locality, their "plant theory" will be confirmed. But the idea of a pilgrimage to the Pontine marshes to hunt these germs is too exhausting for the average observer.

The researches of Klebs and his school are equaled in the same direction by those of Prof. Salisbury, of Cleveland, published in 1868. This gentleman records certain observations showing that cryptogamic plants of the family of Palmellæ, which abound on the surface of marshes, can cause malarial fever when transported to other localities that are free from malaria. Examination of the saliva of persons suffering from malarial fever showed Prof. Salisbury

algid cells like those of the Palmellæ, which latter this observer succeeded in obtaining by suspending a pane of glass over the studied marsh. Salisbury's data have never been confirmed by other observers, and Dr. H. C. Wood has recently taken delight in effectually refuting the theory. Yet, in my judgment, this theory may be true in one sense. A person residing near a marsh where the algæ in question fill the air with their cells might inhale them, and they would be found in the saliva. But the presence of algid (palmelloid) cells in the saliva does not go to demonstrate that they are causative of malarial fever.

There is not lacking other evidence to show that the germ theory is inapplicable to the doctrine of malaria, but such evidence need not be cited. It is deemed a principle of excellence in military tactics to break down principal barriers instead of raz-ing to the ground every vestige of the defense. It would be easy to remove every article of the objectionable creed, but it is not necessary. We have seen that a temperature of 32° F. will not check malaria; that its generation does not depend on moisture, on vegetable decomposition, or on individual or collective heat; that settlement of a locality does not free it from malaria; that the clearing off of woods or the turning up of the soil do not influence its appearance; that it has not an affinity for foliage; that it is generated, and that frequently at an altitude above 1,000 feet; that it is no more abundant in moist localities, on the sea shore, or even on the borders of marshes, than it is in other localities of exactly opposite natural features; that a healthy locality may under governing circumstances become malarious, and that a locality once malarious may again become so. More than all this, we have seen that there is no foundation for the alleged discoveries of the malarial germ, and that, all pretensions to the contrary, no one has yet seen a malarial germ or its legitimate representative. And still beyond this, no man has ever scientifically demonstrated that the so-called malarial fever is caused by the entrance into the system of a certain class of vegetable germs. No man can say that he has full knowledge of the malarial germ.

The theory is beautiful and its adaptations are symmetrical, but never has any hypothesis proved more disappointing. The human hand on the dial of time is a palsied thing, and doubts have arisen. Emerson has well said, "Nature is intricate, overlapped, inter-

weaved, and endless." Too well we know that the scalpel which attempts the dissection of Nature not only becomes dull and useless, but soon corrodes. The time to dispose of the theory of malarial germs has come, and the medical profession is ready for the sacrifice, though fitly seeking pardon because that it lays on the altar an object maimed and halt and blind. But the hour so needeth. We have all too long borne with the empty thought. Hoping to see it round out into perfection, we have hoped in vain. Waiting long in hope and fear for the real discovery of a malarial germ, we had thought that the sight of it would heal our sick hearts of our disease of disappointment. But patience has a bound to its duration. One hundred and eighty-seven years is a long time to wait for the realization of a dream, and it was one hundred and eighty-seven years ago that Lancisi wrote his work, "*De Noxus Paludam Effusus.*" Until the time of the Italian theorist men doubted not but that some hidden cause of malaria was existent, and as long ago as when the Campagna of Rome was studded with fair villas and fretted with a large and prosperous population there were deadly marshes where to-day are lovely villages, and in them men looked for the cause of malaria and found it not. Until Lancisi, the scientific world thirsted for a declaration of faith, and when the great theory was written there was a general clapping of hands and the voicing of a joyous presto cry. But now the blank tomb waits, turning its face to the sky and mutely speaking of the ensepultured faith. Honors to the Italian have faded, and his records pave a neglected path. Though hoping and waiting, the scientific world has forgotten that the Nazarene has shown that on an old garment a new piece of cloth should not be sewed. Much patching of an old torn theory has made it worse, and all that we know or pretend to know of malaria is without foundation.

What then remains? Nothing. It is useless to build where the old architects have failed. Let me speak plainly. I have said that I do not believe in the theory of malarial germs. Not only this, but putting aside my individual opinions as of no value in the scales that do our weighing, I think that I do not take the name of the profession in vain when I go still further and say that the medical science of to-day dares not raise to the world the right hand and testify before the Eternal God that it really believes

in the hypothetical malarial germs. If there is a physician or scientist who can solemnly say that he believes that the theory in question is perfect and true, that man is either a falsifier or a fool. Do I put it too strongly? Do we indeed believe that there exists a certain unknown factor that acts on certain unknown matter, and thus produces germs which, taken into the circulation, so touch the nerve centers as to produce fever of a peculiar type? We do not. It is hypothesis and nothing more, and it is hypothesis of the rawest order.

It will be said, and is being said, that if we get rid of the old and objectionable theory of malaria, what are we to do? Such a question is significant. It is equivalent to an admission to the effect that we must not exist without a theory on a given subject. Verily, we are told to be "able to give a reason for the faith which is within us," but it is childish to assign a theory for a theory. The medical profession stand on theories, and I do not say but that the foundation is firm. We will incline to say to science, "If you will ruthlessly take away one of our pet theories you must replace it by another." In the words of Micah, the Hebrew, we will cry, "Ye have taken away my gods which I made, and what have I more?" We are wont to treat argue on this theory, and we want to temper our practice to it, if we could mend it; but we can not mend it. Then, medical science says, if our theory is taken away we must have something in its place. We can not live without this or some other theory. Take it away if it be worthless, but give us a substitute.

The asking is for another theory. That which we call reason argues that it is well that if the theory pronounced untrue is so, there must be another that can be put into its place. But such manner of reasoning is erroneous. There are theories that may take the place of theories, but such transplanting is in the way of repair. In this case this can not be. But importunate is the cry for theory. Why theory? Why not the truth? There is truth in the matter. The Lanciscian theory is not the truth, but the knowledge of this fact should not deter us from search for the gem. Shall we not bring forward the real as a substitute for the hypothetical explanation of the question that is asked?

I do most sincerely desire to say that I make no pretensions to being the proponent of a new theory, or the publisher of that

which may be claimed as better than any theory. Others than I have had better opportunities to investigate this subject, and others, from experience, have and will write more clearly of malaria, of the cause that is not a germ, and of the disease it causes.

The result of a long and critical study of the phenomena of intermittent fever, and a review of the studies of others, has given me some points of legitimate truth that may become axiomatic, and which, materially defined, are not unworthy of consideration.

It seems unfortunate that in medical science there is no accepted comprehensive philosophy which will cover the principles of inquiry. We have facts unlimited, but these are no better than theories; and the medical philosopher is *per se* a theorist. It may be set down as a preliminary principle of the philosophy of malarial fever that it is a disease of the blood. Looking at the physiology of the blood, we find it composed of corpuscles and serum. Of course the characteristics of a single corpuscle—red or white—are common to all of the same variety, and with the exception of time the history of one is the history of the whole mass. If we take a single corpuscle from its incipient development to its final elimination from the system as effete matter, we are the better prepared to understand the pathology of a disease of the blood in its fullest condition and congenital relations. We are witness to the life of the blood corpuscle from its formation from the ingested food until it is carried to the lungs, from thence to be carried through the round of the circulation. We watch it returning periodically to the lungs, there to imbibe a renewed life-giving energy. We see it doing its work well, and imparting of its substance to the various tissues. Finally, we find it come to the last estate, worn out, old, and useless. Then we stand by and see the dead globule become bile, and assisting in the creation of new blood from other ingesta.

On this normal history of the blood we may build our postulate. If we understand the constitution of a nation we are qualified to observe that nation's progress. If we can gaze on the sun and witness its movements we can the better bear to "stand the strength of storm." With the physiology of the blood well understood, the course of a disease of the blood is readily followed. I assume that malarial fever is such a disease, and if we look at it through the glass

of physiology we will be the better prepared to touch its pathology.

Again recurs the question, What is malaria? In a new light it can be answered in a different tone from that which we are used to speak. I do not understand malaria as being air contaminated by inappreciable telluric emanations of a vegetable nature. Retaining the old nomenclature—not as perfect, but as intimate in its nature—we still shall hold to the definition, *malaria*, "bad air." But what is that which makes pollution? If not vegetable emanations, what then? My ideas on the subject are, I think, borne out by the facts as unmistakably demonstrated. In one sense we need not undertake to solve the chemical composition of the air, and yet an aerial analysis is never dispensable when a study of the air is in question. We will assume that what is known inferentially as malaria is bad air, polluted, poisoned air, impure air. In other words, malaria is air which, parted of its purity, is a factor in the cause of disease of a certain fixed character, pathologically represented by a certain class of symptoms produced by a succession of known anatomical changes.

It may be profitable to ask what degree of impurity will break the purity of the air? What constitutes impure air? In the atmosphere we find, besides nitrogen and oxygen, a little carbon dioxide, a very variable portion of aqueous vapor, a trace of ammonia, a little carbureted hydrogen in an almost imperceptible quantity, and different terrestrial emanations, also almost inappreciable. This constitution is that which is esteemed pure air. By measure the air is composed of 79.19 parts of nitrogen to 20.81 parts of oxygen. In 10,000 measures of air there are from 3.7 to 6.2 measures of carbon dioxide. (De Saussure.) Of all other constituents ammonia is the most abundant, but its abundance is unmeasurable. The amount of aqueous vapor in the air depends on the temperature. The carbureted hydrogen is probably present, though it may at times defy research; and any terrestrial emanations are scarcely demonstrable by analysis, though microscopically discernible. In point, a recent acute writer says, "It is wonderful (*sic*) that tests of the most miasmatic and malarious air show the same invariably minute traces of telluric matter, and no more."

The anatomy of these chemical compounds that go to make up the air, need no special study in this connection. Neither

oxygen or nitrogen are ever so superabundant or deficient as to render the air impure. The quantity of carbonic acid in the air is relatively but small; but absolutely, if we take into account the vast extent of the atmosphere, it is very great. At times it may make the air heavy by its presence, but this is so only in a dark aerial territory of slight extent. Ammonia may ruin the purity of a small portion of air, its production depending on the putrefactive change or destructive distillation of the azotized principles of both the animal and vegetable kingdoms. Of terrestrial emanations in the air, it is but just to say that we do not know in what measure their presence in the air is normal, but when the air is overcharged with them they become of the nature of foreign substances, and the impurity is mechanical, and may be of such a character as will serve to destroy life. But the action of such impurity is not systemic, but rather locally irritant.

NEW YORK.

Miscellany.

KENTUCKY STATE MEDICAL SOCIETY.—We are informed by Dr. Sam'l M. Letcher, Secretary of the Kentucky State Medical Society, that the next annual meeting will be held at Crab-Orchard Springs, Lincoln County, June 24th, 25th, and 26th. The President is Dr. Pinckney Thompson, of Henderson, and the Chairman of the Committee of Arrangements, Dr. Ed. Alcorn, Hustonville.

An interesting meeting is expected, since a number of communications have been promised by representative men of the State. All members of the profession are cordially invited to be present and take part in the proceedings. Every thing tending to make the occasion profitable and enjoyable will receive attention. Druggists and pharmacists who wish to make a display can secure ample space.

DIFFERENTIATION BETWEEN TUBERCULAR AND FIBROID PHthisis.—Sir Andrew Clark (British Medical Journal), speaking of the differentiation between tubercular phthisis and fibroid phthisis, says:

"Tubercular phthisis is primarily of constitutional origin, and appears for the most part in the young. It is bilateral. Its course is accompanied by elevation of tempera-

ture and rapidity of circulation, by progressive loss of flesh, strength, and color; sometimes by laryngeal ulceration, and sometimes by sensations of painful exhaustion and *malaise*. It is usually rapid in its progress; the majority die within three years, and the few who, in consequence of fibroid complications live for a longer time, enlarge the average duration of the disease to four or five years.

On the other hand, fibroid phthisis is usually of local origin, and appears for the most part in the middle-aged. It is, in the main, unilateral. It is unaccompanied by elevation of temperature or hurry of circulation; flesh, color and strength may remain but slightly affected for years. It is not incompatible with great bodily and mental energy. The urine always contains a little albumen. The progress of the malady is slow. Edema is never absent throughout, and death, which seldom occurs within five years, is often delayed for thirty."

SALICYLATE OF POTASSIUM IN ACUTE RHEUMATISM.—Dr. E. L. Miller, in the Therapeutic Gazette, says that he has been using salicylate of potassium in cases of acute articular rheumatism with much satisfaction. In cases where the salicylate of sodium caused intense nausea and vomiting, the potassium salicylate was substituted with a disappearance of the gastric irritation and a marvelous improvement in the condition of the patient. In one case, after twenty-four hours' use of the potassium salts, the joint pain ceased, and the temperature fell from 104.2° to 99.6° . He also says that it is of benefit in the fermentative diseases of the stomach. The formula he recommends is as follows:

R Acidi salicylatis,	.....	.....	}	aa 3v;
Potassii bicarb.,	.....	.....		3ij;
Aqua,				
Solve et add :				
Tinct. nucis vomicea,	.....	.....		3 ij;
Spr. lav. co.,	.....	.....		3 ij;
Syr. simplicis q. s. ad.,	.....	.....		3 iv.
M. Sig: A teaspoonful every three hours, well diluted.				

ANOTHER CONVERT TO KOCH.—The Medical Record says that Dr. Antonio Ceci, of Genoa, as the result of his experiments with pure cultures of the cholera bacillus, comes to the conclusion that it is the specific cause of cholera. He has produced choleraic symptoms by injections of pure cultures of the bacillus into the intestines of rabbits and guinea-pigs.

CONCENTRATED FOODS.—Medical men are now recognizing the value of malt extracts as foods in cases of deficient assimilation. That their use is extending may be taken for granted by the number of exhibitors of concentrated foods in the exhibition at South Kensington last year. Important improvements have recently been made in the manufacture of malt extracts, which are now prescribed in a variety of forms. One of the most effective combinations in dyspepsia, cholera infantum, and all diseases resulting from imperfect nutrition is Maltine, with pepsine and pancreatic, containing, as it does, three of the all-important digestive agents, diastase being one of the constituents of Maltine. Dyspepsia in most cases will be found to yield to the medicinal properties of this combination, while the system is invigorated by its nutritive qualities. It will be found a useful remedy, also, for constipation and chronic diarrhea, resulting from malnutrition. Not only is Maltine of itself of great value in certain cases, but it may be combined with the most valuable alteratives known—such as iodides, bromides, and chlorides—and is found to be a remedy of high value in all depraved conditions of the blood. The Maltine manufactured by the Maltine Manufacturing Company, of New York, bears a high name, and this has been still further emphasized by the award of the gold medal of the Health Exhibition, London, for their malt extract known as Maltine (malted wheat, barley, and oats), the only preparation composed of these three cereals. Prof. Charles R. C. Tichborne, after an examination of the principal unfermented extracts of malt in the market, finds that maltine is the richest in two of the most important ingredients in these foods, namely, the phosphates, or bone-formers, and that peculiar farinaceous digestive agent called diastase. Maltine may be said to consist of about 80 per cent of pure food in its most concentrated and assimilable form. This 80 per cent may be divided as follows: 5½ per cent of flesh-formers; 7 per cent of heat-givers; 2 per cent of bone-formers; add to this the diastase, which imparts to it the curious power of digesting all farinaceous food outside itself, and we have in Maltine a most valuable adjunct to our invalid diet. In respect to the diastase, Maltine seems remarkably energetic, and at the temperature of the human body one part liquefied "twenty parts of starch in two minutes," and had completely changed or digested

that body in about an hour. Maltine possesses all the characteristics of a cereal extract as prepared from the grain, and there can be no question about the genuineness of this preparation. It is only necessary to consult any work upon dietetics to see that there is considerable difference in the composition of the various grain crops. By combining these three important substances—barley, oats, and wheat—a food is obtained which represents the average composition of the three cereals, and that food already digested for use—a condition of immense value to the physician in those special cases where the digestive functions are impaired.—*Midland Medical Journal*.

BUTTERMILK IN SICK STOMACH.—Dr. R. J. Peare, in the Therapeutic Gazette for April, speaks favorably of buttermilk in the treatment of irritable stomach in children. In four cases of persistent vomiting it was tried with success. It has not the tendency to coagulate in the stomach as does new milk. He suggests that this property would seem to make it an eminently appropriate agent in the treatment of "summer complaint" of children.

PROF. MALGAIGNE was one day examining a candidate upon his doctorate thesis, and was annoyed at the very bad replies and ignorance of the student. "Well," he cried at last, impatiently, "make me one good answer; can you tell me what it is to create?" "To create," said the young man readily, "it is to make something out of nothing." "Correct, monsieur, and in proof of it we are going to create you a doctor."

AT a recent meeting of the Chicago Medical Society the following officers were elected for the ensuing year: President, Dr. C. T. Parkes; Vice-Presidents, Dr. C. W. Purdy and Dr. J. H. Etheridge; Secretary, Dr. Liston H. Montgomery; Treasurer, Dr. Harold N. Moyer.

A FIRE on Wabash Avenue, Chicago, April 14th, destroyed the establishment in which was printed the Journal of the American Medical Association. Fortunately, nothing of value to the Journal was lost, and its issue was delayed only a few hours.

CARL MERCK, of Darmstadt, a son of the great chemist, and one of the present members of the chemical establishment of worldwide fame, died recently.

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THERAPEUTICS OF CHOLERA.

Under the warm air, soft showers, and genial sunshine of the spring, the comma bacillus seems to have revived, and an outbreak of cholera is reported in Spain. Whether Southern and Western Europe are to be scourged during the coming summer, while America renews acquaintance with an old unwelcome visitor, can be told only by those who may divine the future; but that past experience with present indications sounds the note of danger is admitted by all who make pretensions to epidemiological lore. It is, therefore, with no little satisfaction that we see our National, State, and municipal authorities up and doing, that our people may have every hygienic equipment needful for making short work with the invader, should he come, if indeed they be not able to dispute successfully his landing upon our shores. But while sanitary precautions are all important, and while the hope that they may be final and effective is to be devoutly held, it is probable that in many localities the physician will have to face the intricate problem of the therapeutic management of cholera.

Already there begin to appear in the

medical journals suggestions to the point; and, as signs of the coming scourge grow more significant, every doctor who may have been blessed with an experience of cholera, or inspired with a theory as to its treatment, will let his light shine on the pathway of his humble brethren in physic who may be groping to find their way in what seems to be a region of thick darkness.

If the benighted therapist will turn his eye to that point of the compass which indicates the location of London, he may see a ray of light beaming from the blade of our polished contemporary, the Lancet. Shamsudin J. Sulemani, L. M., Bombay, has taken his candle from under the bushel, where, since July last, it has languished in smoke and smut, and having snuffed it afresh and set it upon the candle-stick, its rays now fall full upon this great reflector of medical light.

This observer states that during the latter part of the epidemic of cholera which broke out in July last at Baroda (a town in India), five marked cases of cholera were treated with the following prescription. Four of these were cured, and one proved fatal.

R Jadvari khatai,	Papita,	} an 3j.
Narjilli daryai,		
Cardamomi,		

Pulv., misc. et div. in cht. No. viij.

Sig: One to an adult patient every hour or two, according to the severity of the symptoms.

For the benefit of such of his readers as may have grown rusty in Sanskrit (from which three of the above names are lineal descendants), the doctor has appended the botanical names of these plants. They are, in the order presented, delphinium denudatum, strychnos ignatii, and lodoicea seychellarum.

In three of the cases reported the patients were evidently in collapse at the time when treatment was begun, presenting the well-known symptoms of this condition even to total suppression of the urine.

Two of these patients made full and complete recovery after swallowing, each, three

doses of this marvelous medicament; but the third, because of malignancy in the disease from the outset, or that she was seen too late by Dr. Sulemani, or that she got too little (only two doses) of the medicine, or that she was put to other treatment by another doctor, soon slipped beyond the cognizance of things of mortal ken.

The fourth and fifth cases had well-marked symptoms, and showed signs of improvement after the first dose. "They were ultimately cured by two subsequent doses in one case, and by three in the other."

It should be noted that these five patients were allowed no food while vomiting or purging continued; that the three worst were dosed with chlorodyne and stimulants; sinapisms being applied to the epigastrium in all, chloroform and laudanum in like manner in one, while friction and warm bottles to the extremities were freely employed.

The above account is interesting from two points at least. First, it shows the sincerity and naivete of the writer, and second, an overweening faith in drugs, which would ascribe to them a therapeutic action, improbable if not impossible under the conditions noted, while at the same time the writer disregards certain facts in the natural history of the disease which should render him more wisely skeptical.

Let us look at some of these facts. Firstly, the extremes of mortality in cholera epidemics as they run are ten and ninety per cent. Five cases with one death, twenty per cent, is a result under the average, and while doubtless a still better showing might be made in a milder run of cases it gives us no reason to suppose that under the new medicine the statistics of mortality in coming epidemics would be one whit reduced.

Secondly, near the close of an epidemic it is well known that, either from a mitigation in the virulence of the specific germ or a tolerance attained by the persons having dwelt for some time within the sphere of its activity, the number of fatal cases is much diminished. Here, however, it may

be maintained that three of the cases were to all appearances malignant, and that two of these recovered under the magic drug. To which we answer,

Thirdly, that of any case of cholera it may be said, "while there is life there is hope," since recovery from the disease in the last stage of its most malignant form does sometimes take place.

Fourthly, there is not so much as a shadow of evidence to prove a specific action in any drug as against cholera, nor beyond the fact that the disease may be cut short during the prodromic diarrhea, that any line of treatment other than quiet, good nursing, and such remedies as may be intelligently addressed to the symptoms as they arise, will prove of any avail. "For example, in England, on board a hospitalship, were eighty-five cases, of which nineteen treated by quinine gave twelve deaths; twelve by calomel gave two deaths; twelve by carbolic acid three deaths; and thirty-seven by 'nil' gave one death." Or, again, "in 1865, at the London Hospital, one hundred and fifty-nine patients were treated—forty-eight with a mixture containing logwood, ether, aromatic sulphuric acid, camphor, and capsicum, of whom thirty-one died; fifty-six with sweetened water, of whom twenty-eight died; twenty-one with castor oil, of whom fourteen died; and twenty with 'saline lemonade,' of whom six died. . . . The deaths during the use of the astringent mixture were twice as great as under sugar and water, and under castor oil twice as great as under 'saline lemonade.'"^{*}

Fifthly, it is evident from the pathological state of the alimentary canal in the collapse stage of cholera, when absorption is for the time being totally annulled in consequence of the inward flow of the fluid constituents of the blood through the intestinal walls, that no medicine sent adown the *prima via* would do any thing more than augment by its own bulk the

^{*}Alfred Stillé, M. D., LL. D., System of Practical Medicine, by American Authors, (Pepper), Vol. I, page 760. Lea Brothers & Co. 1885.

quantity of matter vomited or dejected by the patient.

The prescription of Dr. Sulemani would act as any other vegetable powder, being under these circumstances inert, however effective it might be under favorable alimentary conditions. It is therefore absurd to attribute efficacy to this combination of drugs in the collapse stage of cholera, while it is more than probable that the physician who shall put it to the test in milder cases will find in it nothing remarkable beyond the odd and unpronounceable names of its three principal ingredients.

Bibliography.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS FOR 1885.

Human Osteology. Comprising a Description of the Bones, etc. By LUTHER HOLDEN, ex-President and Member of the Court of Examiners of the Royal College of Surgeons, England, etc., Assisted by JAMES SHUTER, F. R. C. S., M. A., M. B., Cantab., etc. With numerous illustrations. Sixth edition. New York: William Wood & Co. 1885.

Kirke's Hand-book of Physiology. By W. MORRANT BAKER, F. R. C. S., Surgeon to St. Bartholomew's Hospital, and Consulting Surgeon to the Evelina Hospital for Sick Children, etc., and VINCENT DORMER HARRIS, M.D., London, Demonstrator of Physiology at St. Bartholomew's Hospital. Eleventh edition, with nearly five hundred illustrations. Vols. I and II. New York: William Wood & Co., 56 and 58 Lafayette Place. 1885.

These books are the issues for January, February, and March, of the annual library of this famous publishing house. The volumes are made in the best style of the printing art, and in their substantial character show that the publishers are determined to maintain in the series for 1885 the standard of excellence which has made the Library so widely popular with the profession.

The first volume (Human Osteology, Holden) is well known to every thorough-going anatomist as the most complete treatise on human osteology accessible to the English reader. But it is not alone to the student of pure science that the work is of interest, for it points out many osteological features and relations, the knowledge of which is indispensable to the physician and surgeon.

The first thirty-two pages of the book are devoted to general observations on the structure of bone, its microscopic characters, the structure of cartilage, and the development of bone, after which every bone in the skeleton is taken up, *seriatim*, and treated in all its scientific and practical relations, the description of each being followed by a comparative survey of the various modifications of the bone in the lower animals. The author's text is clear and wonderfully condensed, by which, though omitting nothing of interest, he is able to put more facts into a sentence than are often found in a paragraph or a page in the works of many writers.

The illustrations are numerous and of excellent character. Many smaller wood-cuts are scattered over the pages, and sixty-six full-page lithographic plates bring before the reader every bone in the body so delineated as to show every feature described in the text.

The second volume (Kirke's Hand-book of Physiology) has long been known as a work of high merit, and in the eleventh edition must make for itself a reputation for truth, rare elegance, and beauty.

There is scarcely to be found a work on physiology better adapted to the needs of the practitioner, who can find at best but little time for reading.

Abstruse arguments based on data not well established, fine-spun theories, and the tedious details of experimentation find no place here. Facts are stated dogmatically and mooted points are presented briefly, in a manner guarded, but for what they are worth.

From cover to cover the volumes teem with illustrations than which no finer have as yet found their way into any physiological work. About five hundred wood-cuts, illustrating all points of anatomical and histological interest to the physiologist, with diagrams for the demonstration of certain problems, may be seen, while for a frontispiece is given a splendid colored plate, which shows the absorption spectra of hemoglobin, and its derivatives under various methods of treatment. This profusion of costly work is remarkable in so cheap a book.

The editors have done their work with marked ability; accomplishing the by no means easy task of bringing the book up to the scientific requirements of the day without suffering it to lose its original attractiveness of form.

A Hand-book of Ophthalmic Science and Practice. By HENRY E. JULER, F. R. C. S., Junior Ophthalmic Surgeon to St. Mary's Hospital; Senior Assistant Surgeon and Pathologist to the Royal Westminster Ophthalmic Hospital, etc. With one hundred and twenty-five illustrations. Philadelphia: Henry C. Lea's Son & Co. 1884. For sale by John P. Morton & Co.

The author says that it has been his endeavor to give a concise and typical illustration of all the important diseases of the eye. Each chapter commences with a clear anatomical and physiological description of the part of which it treats. The arrangement of the chapters is such that the student can follow it without trouble, the only objection being the description of diseases that require the use of the ophthalmoscope in diagnosis before that instrument itself is described. In the chapter on diseases of the lids several operations for the relief of entropion are described, but those which we have seen resorted to most often in recent years are omitted. Although many cases are found where the Arlt-Jäesche operation is successful, the modified operation of Von Burrow seems to be a decided advance on former methods. The author has performed the operation of excision of the superior cul-de-sac as recommended by Galezowski in the treatment of trachoma, and from his experience considers it beneficial. As to jequirity, he is non-committal, but gives the conclusions of De Wecker and others who have tried the drug.

During a stay of several months in London the reviewer made a point of asking the leading ophthalmologists what their experience with jequirity had been. Only a few had tried it, and only one had had beneficial results. Mr. Braily, of Guy's Hospital, found it of considerable benefit in the few cases he had treated.

The reviewer, while house-surgeon to the Manhattan Eye and Ear Hospital, New York, was among the first to try the jequirity in this country. The results obtained were, in the cases where there was much pannus, indeed remarkable. One of the first cases was a boy with a dense vascular pannus. The vision was only perception of light. After several applications of the jequirity the vision was so much improved that fingers could be counted at several feet. We found not only that it cleared up the vascular cornea, but that it had a curative effect on the trachomatous formations. The lids become more pliable, and the new formations soften and to a certain extent disappear. The results in these cases will be found given *in extenso*

by Dr. David Webster in the Archives of Ophthalmology, March, 1884. The reviewer further had the opportunity of seeing a large number of cases in the clinic of Prof. De Wecker, of Paris, where jequirity was used. Not only did it have a wonderful effect on vascular keratitis and trachoma, but in several cases of opacities of the cornea from old keratitis the remedy undoubtedly caused a diminution in the opacities, as evinced by an improvement in the acuteness of vision after the effects of the drug had passed off.

Much of interest is given in reference to color-blindness and the extent of the visual field for colors. In reference to the detecting of errors of refraction with the ophthalmoscope, more valuable matter is given than is usually found in text-books. Our experience has not been the same as that given in reference to the power of hydrobromate of homatropine on the accommodation. Namely, that complete ciliary paralysis can be obtained by instillations repeated at intervals.

The book abounds in numerous original illustrations and lithographic plates, which add materially to its practical worth, and the printer's work is so neatly done as to make it one of the most attractive works in ophthalmic literature.

J. M. R.

Correspondence.

LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Dr. Norman Kerr, as president of the Society for the Study and Cure of Inebriates, in his annual address congratulated the association on the auspicious character of its first year's operations, and on the fact that there were now two hundred and seventy-nine members and associates allied for the purpose of instituting a searching inquiry, conducted on scientific lines, into the causes of inebriety in its varied forms. The report of the treatment of forty-nine cases at the Dalrymple Home, with the Government inspectors' marked commendation of the institution, had shown the value even of so incomplete a measure as the present temporary Habitual Drunkards Act. There was little doubt as to the diseased condition of the inebriate; and his diseases belong to the group of diseases of the nervous system, their nearest ally being insanity; pyromania, kleptomania, and other special forms

of mischief attempted under the influence of alcohol, were but different forms of acute mania. He did not however, regard all drunkards as subjects of disease, but only those in whom either the habit of drinking or some inherited or other cause had set up the diseased condition called inebriety, which might be defined as an overpowering impulsion to indulge in a narcotic at all risks. He had no desire to weaken the voice of clinical rebuke of the vice of intemperance, or to impede the noble work of Christian abstainers, but the disease of inebriety, resembling as it did in many particulars that of insanity, it was as much the duty of the Christian and the State to establish homes for the treatment of the inebriate as to sustain asylums for the care of the insane.

Dr. T. D. Crother contended that a study of inebriety showed that, like all other diseases, it followed a programme from a certain origin and development down to chronicity and death, and that preventive and curative measures applied in its early stages gave more promise of certain results than at any other period. He also gave prominence to the following facts:

1. The study of inebriety revealed a well-marked disease passing through various and traceable stages.

2. The incipient stage, seen before spirits are used, is marked by dialectic delusions and other symptoms of nerve and brain instability, all of which seem to depend upon hereditary or some obscure injury to the brain and nerve centers.

3. A group of symptoms can be found in all cases that may be truly termed pathognomonic, and they will always be found in the later stages fully developed.

4. These same symptoms appear after the first toxic use of alcohol, and in some cases go on to full development, or are held in abeyance by some unknown force.

5. Practically the recognition and study of this stage opened up a field of prevention and cure of the highest possible importance.

Surgeon A. C. DeRenzy, in giving the results of his great experience of heat apoplexy in India, considers it to occur under two very different circumstances. (1) Under exposure to the direct rays of the sun; (2) under exposure to great heat in the shade. The deaths under the second head were far more numerous than those in the first. For the prevention of heat apoplexy, especially under exposure from the direct rays of the sun, two things were necessary: (1) That clothing be loose and light, so as

not to interfere with the free movements of the chest and evaporation from the skin, and so as not to obstruct the cervical circulation; and (2) that drinking water should always be at hand to relieve the first signs of thirst. The importance of these precautions he illustrated by several striking cases that fell under his observation at various times. The want of water caused great loss of life from heat apoplexy on field service in India. Natives used immense quantities of water under exposure to the sun, and to this practice was attributed their immunity from heat apoplexy. While the deaths from this disease among British troops were 20 per 10,000 of strength, they were only 2 per 10,000 among the native troops. Heat apoplexy was very rare among the officers, who are careful about their dress, and also to have something at hand to relieve thirst. Sportsmen who went out shooting in the hottest weather suffered very rarely; and the disease was unknown among the Anam tea-planters, a large class, whose business required them to expose themselves in the sun in the hottest season and in the hottest time of the day. The great majority of cases of heat apoplexy among soldiers, due to exposure to great heat in the shade, occurs between sunset and midnight. This was attributed to the peculiar meteorological condition of that period of the day in conjunction with the crowding of men in the canteen. The breeze died away, clouds formed obstructing radiation, and while this lasted the men crowded in dense masses into the canteen, the ventilation of which was altogether inadequate. Crowding, even only for a short time, was most dangerous when the air was very hot. The danger was much increased when excess in the use of alcohol was superadded. As a means of cooling barracks, it was proposed that they should be doused every evening after sunset. Dr. DeRenzy concluded with the belief that if troops in the field be provided with good double tents, good arrangements for the supply of water, pay attention to clothing, avoid overcrowding, especially in tents or huts, and use extreme moderation in the use of alcohol, for which tea should be substituted, the losses from heat apoplexy would be very small.

At the last meeting of the members of the Society of Medical Officers of Health, Mr. A. Wynter said that after making many experiments with regard to the action of disinfectants on microzooids he had come to the conclusion that when they were

not destructive agents they acted as poisons; they poisoned the microzoöid in a manner not essentially different from the lethal poisoning of a higher life form, and this was the reason why such poisonous substances as corrosive sublimate, carbolic acid, and chlorine, were most to be relied on. He considered that the best and most efficient way to disinfect a room was to make it as much as possible like a hermetically sealed box, and in this box to evolve chlorine, three pounds of chloride of lime, and three pounds hydrochloric acid being used for every one thousand cubic feet of space.

The well-known lecturer to the National Health Society, Dr. Joseph Pope, has just died. For many years he was a surgeon in the Royal Artillery.

An advance in the right direction has been made by the guardians of one of our large work-house infirmaries. A few months back, at the request of their medical officer, they voted a sum of money at the Clapham Union for the purchase of a human skeleton and physiological diagrams, in order that the nurses might receive physiological and surgical instruction. Dr. Neale and Dr. Wilson have now held a written examination of the nurses, and report that they were astounded at the proficiency shown by the pupils. The examination was a severe one, and both in that and practical work they acquitted themselves well. Just now the subject of skilled nursing is receiving much attention, and it is only right that the very poor should have all the advantages of medical skill.

At Guy's Hospital a necropsy discovered a bony mass in the testis and epididymis of a patient who had been admitted in a semi-conscious state. The testis did not appear to contain any healthy glandular tissue, no cartilage was anywhere found. There was cystitis and two strictures of the urethra. The formation of bone was thought to be due to old orchitis and epididymitis, and in no way to be of a dermoid nature. The man was believed to have begotten children.

LONDON, April, 1885.

POWDERED RICE AS A STYPTIC.—The Dublin Journal of Medical Science says that powdered rice is an excellent styptic for fresh wounds, and much superior to oxide of zinc. Lint, dusted with the finely powdered rice, as a compress will be found very effectual.

Societies.

[SPECIAL TO LOUISVILLE MEDICAL NEWS.]

AMERICAN MEDICAL ASSOCIATION.

FIRST DAY; GENERAL MEETING.

The first general meeting was called to order promptly by Dr. Samuel Logan, of New Orleans, Chairman of the Committee of Arrangements. Rev. Dr. Palmer, of the Presbyterian Church, was introduced, and led in prayer.

Dr. Logan then introduced the President, Dr. Henry F. Campbell, of Augusta, Ga., and proceeded to give the address of welcome to the delegates. He spoke of the presence of delegates from the valley of the mighty Mississippi; the hills, mountains, and valleys of the populous East; from the great mountains and fertile plains of the Pacific slope, who had come across the arid plains, as well as from the sunny South, to cast in their mites of experience. He likened the study of medical science to a religion. He spoke of the changes which had taken place during the decade which had passed since the association met here last. He asked to be excused if the joy in welcoming the present guests was somewhat saddened by the thoughts of those who had passed away. He spoke of the slight coldness remaining ten years ago from the great civil war, having entirely disappeared. He alluded to Sims and Gross, and spoke of the good effect in reuniting the profession by the election of a Southern man for president.

The ex-presidents in the house were invited to take places on the stand.

Dr. Campbell then delivered his address. He said that the honor now his was the greatest possible gift of the American profession, and thought others much more worthy than himself. He thanked them for the honor shown his State and the South by the selection. He spoke of the honored list of names of presidents of the Association. All had done their work for the profession. He confined his glorying to the glorious dead. He spoke of the sea of upturned faces before him, some furrowed with care and thought, others bright with the glow of youth, some crowned with honors, others awaiting honors waiting for them. He spoke of the hope of great work expected from the young. He saw before him many who, more than a generation ago, assisted in forming out of the chaos of the medical profession of the

United States this harmonious body, the American Medical Association. He gave a number of impersonal sketches, one applying very nicely to Dr. N. S. Davis. Reference was made to the improved sanitary condition of New Orleans, the city formerly shunned by every one for its pestilence and death, which had by some magic metamorphosis become a Mecca, receiving pilgrims from every State and nearly every foreign nation. Reference was made to the Journal of the American Medical Association and its editor, which was very complimentary. "The Relation of the Medical Profession to the Tribunal of Law," or "The Doctor in the Courts," was discussed. He said we had connection with the tribunals of law, first, as medical witnesses, second, as medical experts, third, as defendants. In all these we are at a disadvantage, and our testimony subverted. An interesting sketch of a trial in court was given. The Doctor encouraged the greater study of sanitary medicine and also forensic medicine. He recommended the nomination of a committee for the improvement of the status of forensic medicine.

After a vote of thanks, on motion of Dr. J. N. Quimby, of New Jersey, a committee of five was appointed to take under consideration the suggestions of the President.

Prof. Austin Flint, chairman of the special committee to report on the death of Prof. Samuel D. Gross, appointed at the last meeting, read a report. He did not intend, he said, to write an obituary of Prof. Gross. That had been done by many able pens. He drew the following lessons from his life: That one who aspires to authorship must begin young. The amount of writing he did was enormous. The amount done in the first years of his life was wonderful. We learn from his life that one may be a voluminous and successful writer and at the same time lead a busy life as a teacher and a practitioner. Prof. Gross resolved early to be a medical teacher. Is this not the case with all successful medical teachers.

Reports of special committees being in order, Dr. John S. Billings, chairman of the committee appointed to secure from Congress an appropriation to build a fire-proof building for the Library, at Washington, reported that the appropriation had been secured and that the building, a plain commodious one, would be placed at Washington near the Museum in the Smithsonian grounds. Adopted.

SECOND DAY; GENERAL SESSION.

The session was opened by prayer by the Rev. J. K. Gutherin, D.D.

Dr. W. D. Didama, of Syracuse, New York, Chairman of the Section of Medicine, addressed the Association in a learned manner.

An address on Ovariectomy was delivered by Dr. R. S. Sutton, Chairman of the Section on Obstetrics.

In the bleak December, a woman arrived on horseback, in Lexington, Ky., to Ephraim McDowell, a surgeon, who opened her abdomen and removed a tumor which threatened her life. The operation was made, and the woman survived thirty years, and died at the advanced age of seventy years. This was the first operation deliberately undertaken. Dr. McDowell operated in his own house; he had but one assistant; the woman had never been tied; no sponges were used. He ligated the pedicle and dropped it in. He operated with no such advantages as Lawson Tait or Keith. After the lapse of almost three quarters of a century the operation remains about the same, with the exception of the treatment of the pedicle. The speaker then went into the particulars of the history of the many failures and the few successes for the next three quarters of a century. He showed how the Americans had taken the initiatory steps for many years. He likened the branching of the operation into laparotomy, cystotomy, nephrectomy, etc., to the mighty branches of a mighty oak. Ovariectomy and its offshoots comprise almost if not all of abdominal surgery. He referred to Battey, of Georgia, and Homans, of Boston. He spoke of antiseptics, saying quite properly that listerism and cleanliness are inseparable, cleanliness being indispensable. Marion Sims received an ovation which was greeted with prolonged applause.

When the time arrived for the report of the committee appointed at the last meeting of the American Medical Association to invite the International Medical Congress at Copenhagen to meet in Washington in 1887, the sport began. Dr. J. V. Shoemaker, of Philadelphia, arose and in a warmly-worded speech accused the committee of cringing to the New York new-code men. He stated that the new-code men had said to the committee that unless their men were recognized on the list of officers they would defeat the project to hold the Congress in America. Dr. John S. Billings, of Washington, in a lengthy speech denied the allegation of Dr.

Shoemaker *in toto*, and defended the committee. Dr. Shoemaker reiterated his statement. A warm discussion was then entered into by Drs. Daniels, of Texas, Deerfield, of Ohio, Cole, of California, King, of Missouri, Saunders, of Tennessee, and many others, almost all the speakers attacking the committee, and especially the new - code men, in the most violent manner.

A number of resolutions of more or less severity were submitted.

Section on Practice of Medicine, Materia Medica, and Physiology.

Dr. W. D. Didaina, of Syracuse, N. Y., President, in the chair; Dr. G. M. Garland, Boston, Secretary.

Dr. L. D. Bulkley, of New York, read a paper on the Treatment of Carbuncle without Incision.

Dr. Thos. F. Wood, of Wilmington, N. C., read on Syphilis as it Appears among Negroes.

Dr. N. H. Reed, of Mansfield, Ohio, read on Hydatid Tumors of the Brain.

Dr. A. F. Pattee, of Boston: The Percutent; its Uses in Diseases of the Nervous System.

Dr. M. H. Henry, New York: Practical Suggestions on the Use of Iodide of Potassium in Syphilis.

Dr. A. Atkinson, Baltimore, Md.: Ulcer of the Rectum.

Dr. Sam'l S. Wallian, of Bloomingdale, N. Y.: Some Inquiry Concerning the Resources of non-Medicinal Therapeutics.

Section on Obstetrics and Diseases of Women.

Dr. R. T. Sutton, Pittsburgh, Pa., President, in the chair; Dr. J. F. Jelks, Hot Springs, Ark., Secretary.

Dr. Wm. H. Wathen, Louisville, Ky.: Treatment of the Secundines in Abortion and Labor.

Dr. C. Fenger, Chicago, Ills.: Chronic Peri-Uterine Abscess; its Treatment by Laparotomy.

Dr. W. W. Potter, Buffalo, N. Y.: Parametritic Abscess.

Dr. G. F. French, Minneapolis: How soon after Exposure to Sepsis may the Accoucheur Resume Practice.

Section on Surgery and Anatomy.

Dr. John B. Roberts, Philadelphia, Pa.: False Doctrine in the Treatment of Fractures.

Dr. M. C. Henry, New York: Clinical Observations on the Surgical Treatment of Varicocele.

Section on Pediatrics.

Dr. J. H. Pope, of Marshall, Texas, President, in the chair; Dr. S. S. Adams, of Washington, D. C., Secretary.

Dr. Edward Borck, St. Louis: Acute Inflammation of the Bones During the Period of Growth.

Dr. L. Duncan Bulkley, New York: Repeated Doses of Castor Oil in Certain Skin Diseases of Children.

State Medicine.

Dr. E. W. Schaufler, St. Louis, President, in the chair; Dr. J. N. McCormack, Bowling Green, Ky., Secretary.

Dr. John Aney, Greenville, Mich.: The Obligation of the State to its Citizens; or State Boards of Health, their Necessity and Value.

Dr. Geo. Homan, St. Louis: The Promise and the Potency of Cleanliness.

Ophthalmology, Otology, and Laryngology.

Dr. J. A. White, Richmond, Va., President, in the chair; Dr. Eugene Smith, Detroit, Mich., Secretary.

Dr. W. C. Wile, Sandy Hook, Conn.: Two New Forms of Spray Apparatus, a New Electro-Cautery, and a New Electric Lamp.

Dr. Flavel B. Tiffany, Kansas City, Mo.: Ossification of the Choroid, with Sympathetic Ophthalmia; illustrated by sections of an enucleated eye.

Oral and Dental Surgery.

Dr. W. W. Allfont, of Chicago, President, in the chair; Dr. E. C. Briggs, of Boston, Secretary.

Dr. J. S. Marshall, Chicago: Cocaine.

Dr. J. L. Williams, Boston: The Alteration of Rest with Effort.

A number of papers in most of the sections, besides those mentioned, were read by title, the reader being absent, or there being lack of time to hear him.

ASSOCIATION OF AMERICAN MEDICAL EDITORS.

[SPECIAL TO LOUISVILLE MEDICAL NEWS.]

The annual meeting of the American Medical Editors was held at the Medical College of the Tulane University, Monday evening, April 27, 1885. Dr. Henry O. Marcy, of the editorial staff of the Annals of Surgery, Boston, Mass., President, in the chair; Dr. John V. Shoemaker, editor of

the Medical Bulletin, of Philadelphia, Vice-President; Dr. H. O. Walker, associate editor of Medical Age, Detroit, Mich., Secretary.

There were present Dr. Leartus Connor, editor Detroit Lancet, Dr. John H. Warren, editor International Review of Medicine and Surgical Technics, Dr. William Brodie, ex-editor Therapeutic Gazette, Dr. E. F. Daniels, Fort Worth, Texas, editor Courier-Record of Medicine, Dr. A. J. Stone, editor Northwestern Lancet, St. Paul, Minn., Dr. N. S. Davis, editor Journal American Medical Association, Chicago, Dr. L. D. Bulkley, editor Archives of Dermatology, Dr. F. L. Sims, editor Mississippi Valley Medical Monthly, Memphis, Dr. J. W. Schauffler, editor Kansas Medical Journal, Topeka, Dr. A. S. Conklin, ex-editor Columbus Medical Journal.

Minutes of previous meeting at Washington, D. C., were read and adopted.

Dr. Henry O. Marcy read a paper on "The Legislative Establishment of Medical Examining Boards in America." This was an able essay, in which he showed the great necessity of protecting the people from quacks and charlatans by passing laws limiting the practice to those legally competent for the same.

Dr. Daniels read a witty paper on "The Condition and Growth of the Medical Profession in Texas." He spoke of the recent unsuccessful effort to get legislation in favor of practitioners properly qualified in Texas. All who have read his journal will know that his remarks were spicy and out of the usual order of medical writing.

The following officers were elected for the ensuing year: Dr. H. O. Walker, President; Dr. F. L. Sims, Vice-President; Dr. E. F. Daniels, Secretary.

The society adjourned to meet at the time and place of the next meeting of the American Medical Association.

There was a goodly attendance of the members of the profession, with many ladies. The meeting was a success, and did no small honor to the guild.

A CORRELATION THEORY OF COLOR PERCEPTION.—In an exhaustive article in the April number of the American Journal of the Medical Sciences, Dr. Charles A. Oliver, of Philadelphia, further tests the correction of the theory of color perception, which he propounded in the preceding issue, by the pathological data at our command.

Selections.

WRITER'S CRAMP AND ITS TREATMENT.—In an interesting paper in the April issue of the American Journal of the Medical Sciences, Dr. R. P. Robins, of Philadelphia, records three cases of writer's cramp, and gives a careful clinical study of the disease. As regards treatment he finds absolute rest is essential. If there be atrophy of the muscles, stimulating lotions, with rapid friction, may be employed; and he has seen good results follow alternate douching with hot and cold water. In electricity we have an important factor. As regards artificial aids, Dr. Robins recommends that of Von Nussbaum as possessing, to a great degree, lightness and simplicity. One of Dr. Robins' patients was benefited by alternating with the penholder a little apparatus made of a solid rubber ball; this was perforated at about one-third of its circumference and a penholder was thrust through. The ball was held in the hand, and the penholder passed up between the first and second fingers.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from April 19, 1885, to April 25, 1885:

McPartin, T. A., Lieutenant-Colonel and Assistant Medical Purveyor, U. S. A., sick leave extended to three months on surgeon's certificate of disability. (S. O. 88, A. G. O., April 17, 1885.) *Smith, Jos. R.*, Lieutenant-Colonel and Surgeon; *Billing, Jno. S.*, Major and Surgeon; *McElderry, Henry L.*, Major and Surgeon, detailed to represent Medical Department of the Army at annual meeting of the American Medical Association, to be held at New Orleans, La., April 28, 1885. (S. O. 91, A. G. O., April 21, 1885.) *Crampton, L. W.*, Captain and Assistant Surgeon, assigned to duty as Post Surgeon, Fort Bridger, Wyoming Territory; *Borden, Wm. C.*, First Lieutenant and Assistant Surgeon, ordered for duty at Fort Douglass, Utah Territory. (S. O. 33, Dept. Platte, April 22, 1885.) *Robertson, R. L.*, First Lieutenant and Assistant Surgeon, granted leave of absence for one month. (S. O. 43, Dept. Texas, April 16, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended April 25, 1885:

Sawtelle, H. W., Surgeon, when relieved to proceed to Detroit, Mich., and assume charge of the service, April 23, 1885. *Urquhart, F. M.*, Passed Assistant Surgeon, to assume charge of Cape Charles Quarantine Station, April 23, 1885. *Williams, L. L.*, Assistant Surgeon, when relieved to proceed to Norfolk, Va., for temporary duty, April 23, 1885.